

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/830534 FILING DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	1	↓		↓		↓
TOTAL DEP.	3	↔		↔		↔
TOTAL CLAIMS	4	[REDACTED]		[REDACTED]		[REDACTED]

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		↔		↔		↔
TOTAL CLAIMS		[REDACTED]		[REDACTED]		[REDACTED]

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS